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Bib Data Sheet

CONFIRMATION NO. 5947

SERIAL NUMBER 10/690,409	FILING DATE 10/21/2003 RULE	CLASS 072	GROUP ART UNIT 3725	ATTORNEY DOCKET NO. 03-0385
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APPLICANTS

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** CONTINUING DATA *NONE YMB* *****

** FOREIGN APPLICATIONS *NONE YMB* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/20/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
Verified and Acknowledged	<i>Quessa M Bank</i> Examiner's Signature Initials				

ADDRESS

003705
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TITLE

Non-impact swaging apparatus

FILING FEE RECEIVED 910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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